



Red Cliff Early Childhood Center
88385 Pike Rd Hwy 13—89830 Tiny Tot Drive—Bayfield, WI 54814
PH: 715-779-5030 FAX: 715-779-5046 or 715-779-3239



PRE-APPLICATION FORM

Proof of Age & Proof of Income *MUST* accompany this pre-application for your child to be considered for enrollment:

Homeless (includes living with relatives or friends) Yes or No
Child is in Foster Care Yes or No
On public Assistance (TANF/SSI) Yes or No

Child's/Prenatal Name:		Child's Date of Birth or Due Date:		Child's Tribal Affiliation:	
Living Address:		City:		Zip:	Sex: M or F
Mailing Address:		City:		Zip:	
Parent 1's Name:		Parent 1's Date of Birth:		Parent 1's Tribal Affiliation:	
Parent 2's Name:		Parent 2's Date of Birth:		Parent 2's Tribal Affiliation:	
Number in Household:	Home Phone: _____ Contact Phone: _____			Email Address: _____	
(Please Check One)					
<input type="checkbox"/> Home Based Only <input type="checkbox"/> Center Based Only <input type="checkbox"/> Home Based and placed on Center Based waiting list					
Eligibility for Center Based Openings is dependent upon VACANCIES AND SCORE.					

ENROLLMENT CRITERIA

Please mark all that apply to the family as this information will be used to assist in determining enrollment priority along with income eligibility. This information is confidential and will be used for program purposes only.

Special Needs Child Prenatal-Age 5 with a diagnosis and verification	Incarcerated Parent	
Do you have a concern that your child has a special need (If yes follow up will be required)	Military Parent Absent from home due to Active Duty	
Serious Health Issues of Child Applicant (Need Physician Documentation)	First Time Parents	
Prenatal Substance Abuse(Drugs, Alcohol, or Tobacco)	Teen Parent/Pregnant Teen	
Parent or Sibling Living in the Household with a Long-Term Chronic Illness	No Prenatal Care	
Alcohol & Drug Abuse within Child's Primary Household	Premature Birth (before 35 weeks) or Low Birth Weight(<5lbs 5oz)	
Was mother in the habit of drinking before she knew she was pregnant	High Birth Weight (>10 lbs) With Diabetes(any type) during pregnancy	
Parent Diagnosed with Mental Illness	Multiple Births (Twins, Triplets, etc.)	
Domestic Violence within Child's Primary Household	Single Parent	
Child History of Neglect/Abuse	Parent Does Not Have High School Diploma or GED	
Loss of Child's Parent/Sibling by Death	Not working and not in School/Job training	
Elder is Primary Caregiver (55 years or older)	Home Safety Concerns	
Health Insurance: No _____ Yes _____	(Circle Type): MA IHS Badger Private	

When all factors are equal; preference will be given as follows within the service area

1. Red Cliff Tribal Member on and off reservation
2. Other Tribal Members
3. Non-Tribal Members living on Reservation

I certify that the above information is correct to the best of my knowledge and will provide additional documentation if needed.

Signature of Parent/Guardian: _____ Date: _____

Approved by Policy Council: Jul 12, 2007
Revisions Approved by Policy Council Nov 13, 2008, Jun 15, 2009, Sep 22, 2010, Mar 13, 2014
Approved by Tribal Council Oct 4, 2010, Mar 13, 2014

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All Carry Over 4 year olds (Automatic)
4 year olds income eligible
4 year olds with no Head Start experience
4 year olds over income
3 year olds income eligible
3 year olds over income

Date Application Received: _____ By Whom: _____

Proof of Income Attached: _____ Income Eligible: _____ Pre-App. Score: _____ CC Score _____ Combined Score _____

Application Status: ACCEPTED: _____ WAITING LIST: _____ Assigned Classroom: _____

On Reservation _____ Off Reservation _____ Proof of Tribal Identification Attached: _____

